

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 18, 2008 8:00 am
Secretary of State

02-28-2008 90005 045 ***150.00

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1. Entity Name
TARPON SPRINGS AWESOME TOURS, INC.



Principal Place of Business
1028 PENINSULAR AVE
TARPON SPRINGS, FL 34689

Mailing Address
PO BOX 787
TARPON SPRINGS, FL 34688

66004167



02122008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3678483

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

BILLIRIS, BEVERLY
1028 PENINSULAR AVE
TARPON SPRINGS, FL 34689

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BILLIRIS, BEVERLY
STREET ADDRESS	1028 PENINSULAR AVE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	T
NAME	SHEROUSE, ROSE
STREET ADDRESS	3000 N. HIGHLAND
CITY-ST-ZIP	TARPON SPRINGS, FL 34689 TAMPA, FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beverly Billiris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #